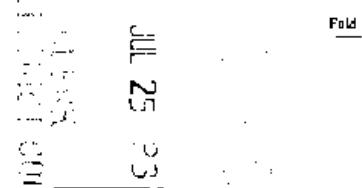


**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

PLAINTIFF <u>William Alston</u>	COURT CASE NUMBER <u>05-168 ERIG</u>				
DEFENDANT <u>James Perrotti</u>	TYPE OF PROCESS <u>Civil Suit</u>				
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>James Perrotti</u>					
SERVE AT FCI McKean P O Box 5000 Bradford, Pa. 16701	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					
<input checked="" type="checkbox"/> William Alston #07273-016 FCC Petersburg (Low) PO Box 1000 <u>Petersburg VA 23804</u>					
Number of process to be served with this Form 285 <u>ONE</u>					
Number of parties to be served in this case <u>SIX</u>					
Check for service on U.S.A. <input checked="" type="checkbox"/>					
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):					
					
Signature of Attorney other Originator requesting service on behalf of: <u>William Alston</u>					
<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	<input type="checkbox"/> DATE		
			<u>7/14/07</u>		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>6</u>	District of Origin No. <u>68</u>	District In Serve No. <u>68</u>	Signature of Authorized USMS Deputy or Clerk <u>Sam</u>	Date <u>6/18/2007</u>
I hereby certify and return that I <input type="checkbox"/> have personally served <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inscribed below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)			<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode Date <u>09/09/07</u> Time <u>11:02</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		
Address (complete only different than shown above)			Signature of U.S. Marshal or Deputy <u>PA 14832</u>		
Service Fee <u>8.00</u>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges <u>8.00</u>	Advance Deposits	Amount Owed to U.S. Marshal ^a or (Amount of Refund ^b) <u>8.00</u>
REMARKS <u>Mailed cert 9846 1435 8244 JUN 28 2007</u>					

PRINT 5 COPIES:

- 1. CLERK OF THE COURT**
- 2. USMS RECORD**
- 3. NOTICE OF SERVICE**
- 4. BILLING STATEMENT:** To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGEMENT OF RECEIPT**

PRIOR EDITIONS MAY BE USED



7160 3901 9846 1435 8294

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) Yes

5. Article Addressed to:

James Parrotti
FCI McKean
P.O. Box 5000
Bradford, Pa. 16701

S-1688,ojr,6/28/07,scr

COMPLETE THIS SECTION FOR DELIVERY	
A. Received by (Please Print Clearly) <i>Kersrel</i>	B. Date of Delivery
C. Signature <i>Kersrel RECEIVED</i>	
D. Is delivery address different from above? If YES, enter delivery address below	
2007 JUL - 9 P 11: 02	
ERIE, PA	

PS Form 3811, January 2005

Domestic Return Receipt